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DATE: December 23, 2008

Application No: 10/517,277

Our Ref: 7865-206 MIS:jb

TO:	FAX #	PHONE #
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Total Number of Pages (Including This Page): 18

FROM: Michael I. Stewart / 416-849-8400

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T-503 P.002/017 F-866

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PTO/SB/21 (11-08)

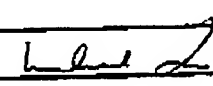
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/517,277	
	Filing Date	April 5, 2006	
	First Named Inventor	Radka Milanova	
	Art Unit	1656	
	Examiner Name	Marsha M. Tsay	
Total Number of Pages In This Submission	17	Attorney Docket Number	7665-206 M/S:jb

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Sim & McBurney		
Signature			
Printed name	Michael I. Stewart		
Date	December 23, 2008	Reg. No.	24,973

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Michael I. Stewart	Date	December 23, 2008

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Effective on 12/08/2004.
 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2009

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1100.00

Complete if Known

Application Number 10/517,277
 Filing Date April 5, 2006
 First Named Inventor Radka Milanova
 Examiner Name Marsha M. Tsay
 Art Unit 1656
 Attorney Docket No. 7865-206 MIS:jb

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 192253 Deposit Account Name: Sim & McBurney

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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_____ - 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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_____ - 3 or HP = _____ x _____ = 1100.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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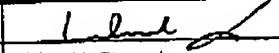
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. 24,973 (Attorney/Agent)	Telephone 416-849-8400
Name (Print/Type)	Michael I. Stewart		Date December 23, 2008

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DEC 24 2008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl'n. No. : 10/517,277 Confirmation No.: 2819
1st Named Inventor: Radka Milanova
Filed : April 5, 2006
Title : PROTEIN EXTRACTION FROM CANOLA OIL SEED MEAL
TC./A.U. : 1656
Examiner : Marsha M. Tsay
Docket No. : 7865-206 MIS/jb
Customer No.: 24223
Date : December 23, 2008

BY COURIER

Mail Stop Amendment
Commissioner of Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
U.S.A.

AMENDMENT

Sir:

In response to the Office Action of September 29, 2008, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 14 of this paper.

12/30/2008 EFLORES 00000102 192253 10517277
01 FC:1614 1100.00 DA